

CERTIFICATE OF DEATH

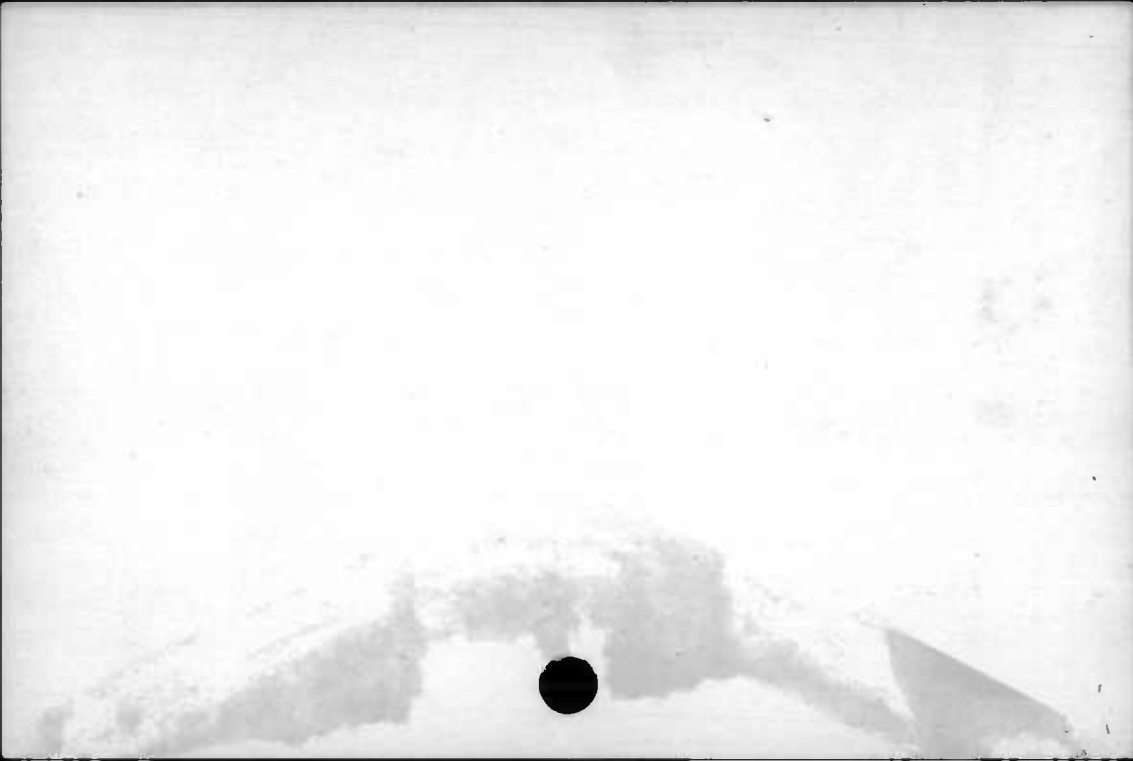
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lehighville</u>		County <u>Lehigh</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>1</u>	Age <u>1</u>	Years <u>1</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Amos Burch</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Fannie Paragut</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Amos Burch</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Chapman</i> Address <i>245 E. 1st St. St. Louis, Mo.</i>		
Accident or Suicide?			



Name
In
Full

Joseph Clark

CERTIFICATE OF DEATH

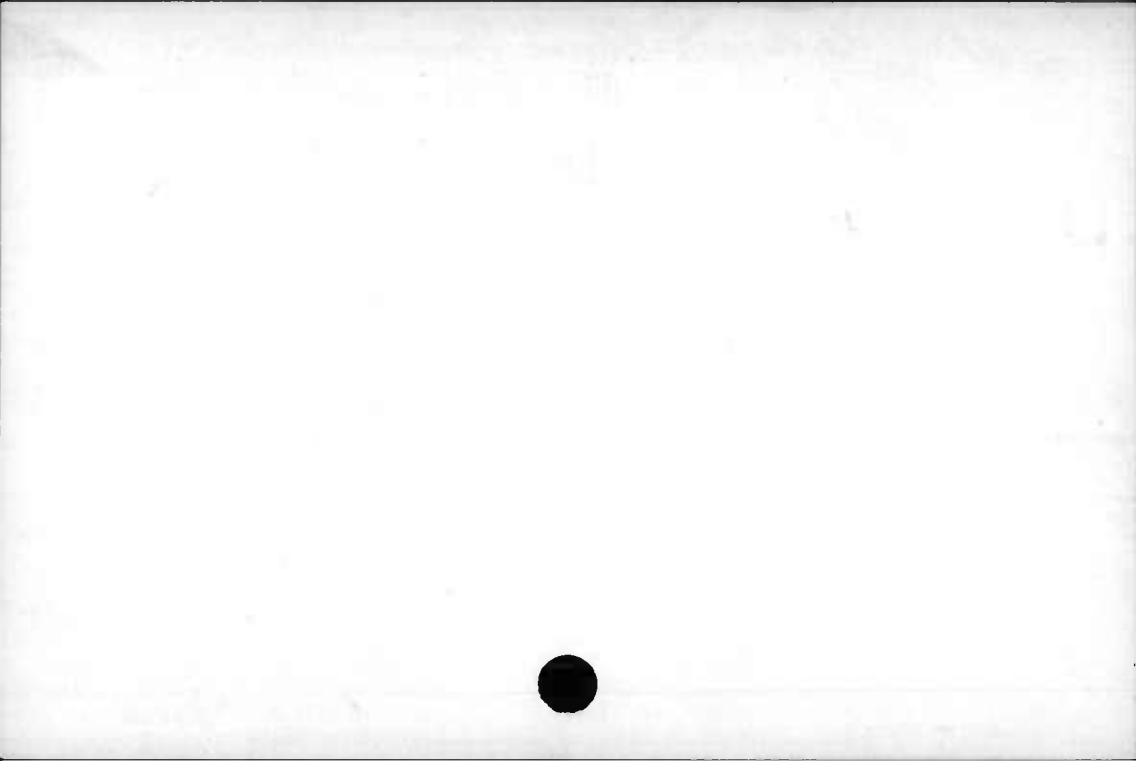
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Altan</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>1</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>African</i>	Birth-place <i>Charles Co.</i>					
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>1128 C St NE Washington DC</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Bazze Thom. Clark</i>	Father's Birthplace <i>Charles Co</i>						
Mother's Maiden Name <i>Emilie Butler</i>	Mother's Birthplace <i>Charles Co</i>						
Name of person giving information <i>Bazze T. Clark</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion + Inanition (Infect. Feb)</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. [illegible]</i>
	Address <i>Bel Air Md</i>
Accident • Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

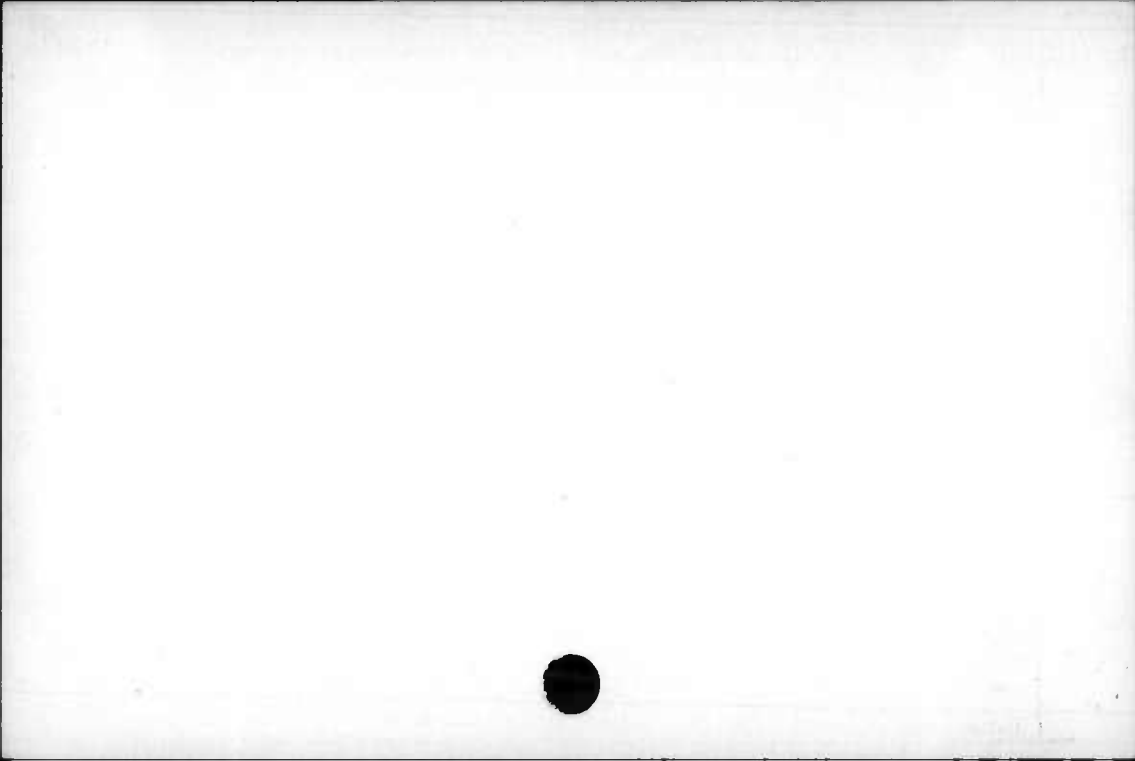
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stuyvesant</i>		County <i>Brooklyn</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb'y</i>	Day <i>5th</i>	Age <i>68</i>	Years	Months
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Capt. U.S.A. Retired</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Emily M. Gardiner</i>				
Father's Name <i>T. Elzer Gardiner</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Adelle Walbach</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Emily M. Gardiner</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

Primary <i>Diabetes Mellitus</i>	How long <i>50</i>	<i>about 12 years</i>
Immediate <i>Diabetic Coma</i>	How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Irvin C. Borison, M.D.</i>	
	Address <i>Bryantown, Md.</i>	
Accident or Suicide? <i>—</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Annitta, Green

CERTIFICATE OF DEATH

MARYLAND

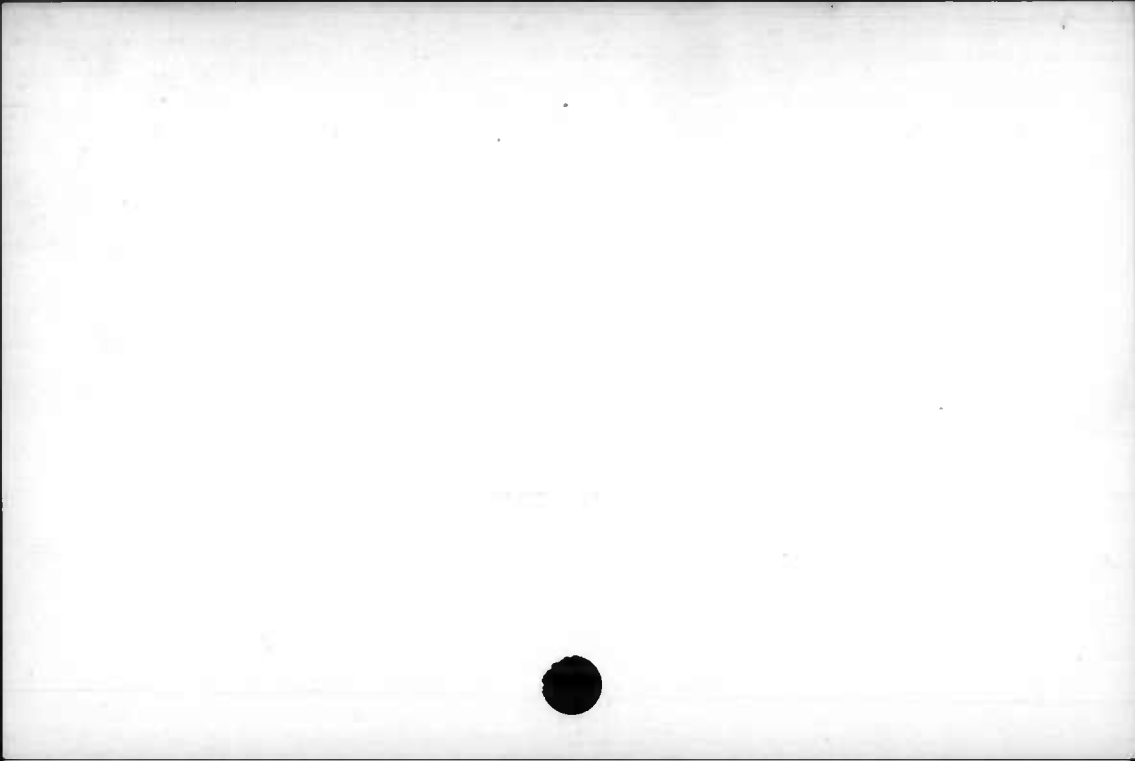
Died at Lenhove Town Chas CountyDate of death 1907 Feb Month 27 Day 39 Years 39 Months DaysSex Female Color or Race Col Birth-place Chas LeoOccupation Housewife Where Residing if not at place of death RevervilleMarried, Single or Widowed Married Name of Wife or Husband Fred, GreenFather's Name Jos Sila Father's Birthplace Chas LeoMother's Maiden Name Caroline Edelen Mother's Birthplace Chas LeoName of person giving information Fred Green How related to deceased Husband

CAUSES OF DEATH

Primary Labor How long one dayImmediate 140 How longAre the name, age, sex, color, date and place correctly given above? W. S. Goli Signature of PhysicianAddress Sub Registrar

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name,
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dentsville</i>		Town <i>Green</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Feb:</i>		Day <i>27th</i>		Age <i>Still Born</i>	
Sex		Color or Race <i>Colored</i>		Birth-place <i>Charles Co.</i>		Months	
Occupation		Where Residing if not at place of death				Days	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Peter A. Green</i>		Father's Birthplace <i>Charles Co.</i>					
Mother's Maiden Name <i>Henrietta Silas</i>		Mother's Birthplace <i>Charles</i>					
Name of person giving information <i>Peter A. Green</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Peter W. Roby J.P.</i>	
<i>Yes</i>		Address <i>Bel Air Md</i>	
Accident or Suicide?		<i>Sub. Rigor</i>	

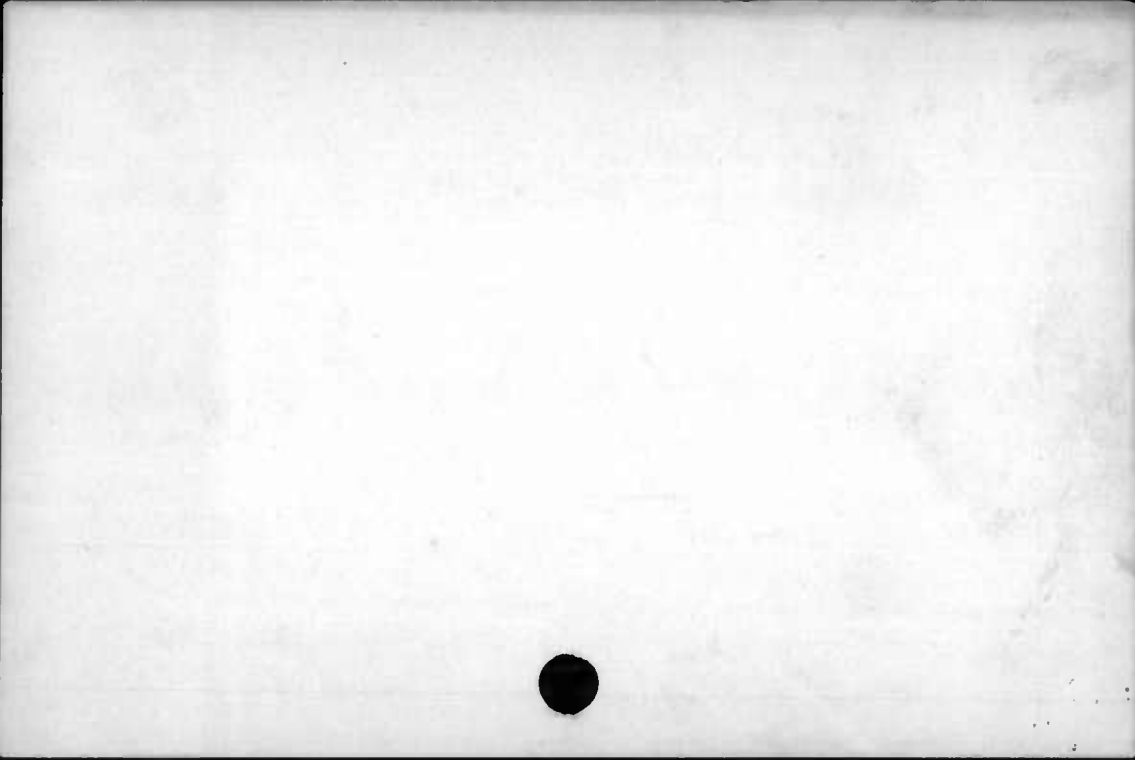


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Name in Full <i>Caroline Hawkins</i>		Town <i>Pisgah</i>		County <i>Charles</i>		STATE <i>MARYLAND</i>	
Died at <i>Pisgah</i>		Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>18</i>	
Age <i>28</i>		Years <i>28</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i></i>			
Occupation <i>Domestic</i>		Where Residing If not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i></i>		Father's Birthplace <i></i>					
Mother's Maiden Name <i>Amanda Hawkins</i>		Mother's Birthplace <i>Charles Co.</i>					
Name of person giving information <i>James Hawkins</i>		How related to deceased <i>Brother</i>					
CAUSES OF DEATH							
Primary <i>Pulmonary Tuberculosis</i>		How long <i>3 years</i>					
Immediate <i>Laryngeal Stenosis</i>		How long <i>4 days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. B. Bicknell</i>		Address <i>Pisgah, Md.</i>			
Accident or Suicide? <i></i>							



Name
in
Full

CERTIFICATE OF DEATH

Ida M. Henderson.

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lower Roads</u> ^{Town}		<u>Chad</u> ^{County}		MARYLAND	
Date of death <u>1907 Feb.</u> ^{Month} <u>18</u> ^{Day}		Age <u>3</u> ^{Years}		<u>5</u> ^{Months} <u>5</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>J. Samuel Henderson</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Elizabeth Johnson</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Saul Henderson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Grippe, symptoms of Pneumonia</u>	How long	<u>7 days</u>
Immediate	<u>Bottle Ltd</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. S. Speake Md</u>	
		Address <u>Crayton</u>	
Accident or Suicide? <u>—</u>			

PHYSICIAN
OR CORONER

1



Name
in
Full

Susan Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near La Plata* ^{Town}*Charles* ^{County}

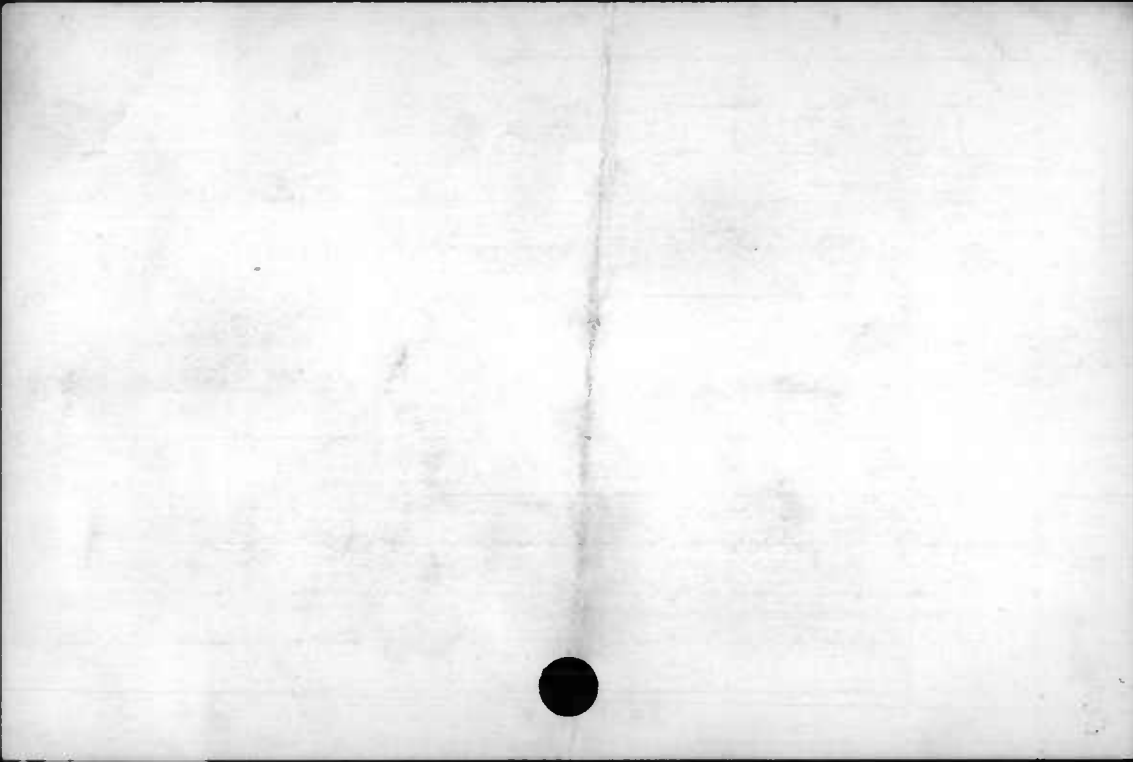
MARYLAND

Date of death *1907* ^{Month} *First*Day *18*Age *about 28* ^{Year}Months *—*Days *—*Sex *Female*Color or Race *colored*Birth-place *Charles Co*Occupation *none*Where Residing if not at place of death *—*Married, Single or Widowed *widowed*Name of Wife or Husband *—*Father's Name *Alfred Jennifer*Father's Birthplace *Charles Co*Mother's Maiden Name *Susan Thomas*Mother's Birthplace *Charles Co*Name of person giving information *Alfred Jennifer*How related to deceased *father*

CAUSES OF DEATH

Primary *Tuberculosis of Lungs*How long *about 12 years*Immediate *Cardiac Asthma*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Thos. S. Owen M.D.*Address *La Plata*Accident or Suicide? *no**Ind*PHYSICIAN
OR CORONER

1



Name
in
Full

James Maddox.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Chicamuxen

Charles

Date

Month

Day

Years

Months

Days

of death

1907 Feb.

23

Age

55

Sex

Male

Color or
Race

White

Birth-
place

Charles Co.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James F. Maddox

Father's
Birthplace

Charles Co.

Mother's
Maiden Name

Lucretia Maddox

Mother's
Birthplace

Charles Co.

Name of person giving
In formation

Henry Clay Maddox

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

2 weeks

Immediate

Pulmonary Edema

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

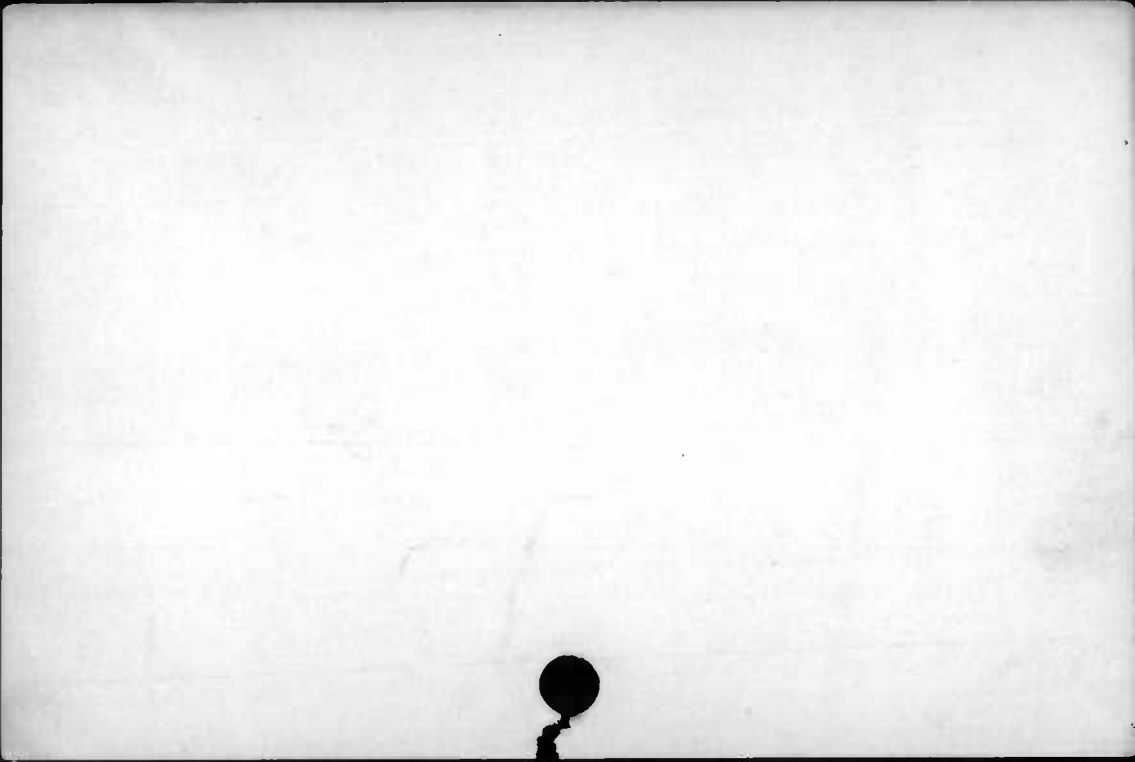
Address

Geo. C. Bicknell,
Pisgah,
Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Carmelous Roberson

Town

County

Died at

Pomoukey

Chas

MARYLAND

Date

of death

190

Month

Feb

Day

21

Age

Years

Months

4

Days

Sex

Male

Color or
Race

Colard

Birth-
place

Ind

Occupation

Iron

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George Roberson

Father's
Birthplace

Ind

Mother's
Maiden Name

Hannah Jenkins

Mother's
Birthplace

Ind

Name of person giving
in formation

George Bullen

How related
to deceased

Iron

CAUSES OF DEATH

Primary

Fits

How long

Immediate

How long

2 month

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*John P. Marshall
Sub Rcy*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Sophie Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hughesville</i> ^{Town}		<i>Chokes</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>16</i>	Age <i>66</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Perry C. C. Smith</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary E. Oliver</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Mitchell Carter</i>			How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(H)</i>	How long
Immediate <i>Apoplexy</i>		How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. C. C. Hopper MD</i>	
	Address <i>Hughesville md</i>	
Accident or Suicide?		



Name
in
Full

Elizabeth Senums

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McConchie</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	1907	Month	Feb	Day	4 th	Age	54
Sex	Female	Color or Race	colored	Birthplace	Charles Co		
Occupation	housewife			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband			Alice Senums		
Father's Name	not known John Hansen			Father's Birthplace			
Mother's Maiden Name	Clare Jenkins			Mother's Birthplace			
Name of person giving information	Frank Hansen			How related to deceased			
			half brother				

CAUSES OF DEATH

Primary	Valvular disease of Heart	How long	2 or 3 yrs
Immediate	Acute Indigestion	How long	—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Thos. B. Owen

La Plata

Accident or Suicide?

md



Name
in
Full

Marlindar Smallwood

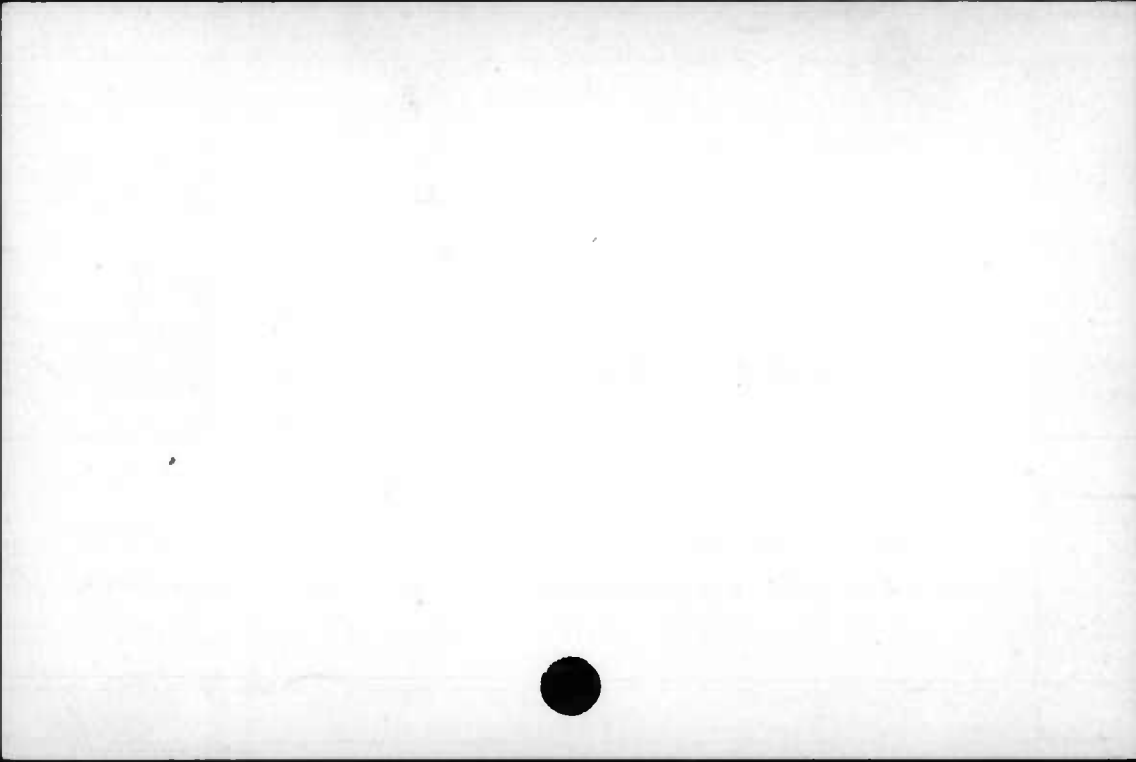
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chicamuxen</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Feb.</i> ^{Day} <i>3</i>	Age	<i>64</i> ^{Years}	Months	<i>—</i> ^{Days} <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>colloid</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>James Smallwood</i>		
Father's Name	<i>Jerry Marbury</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Jane Scott</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Montell Bart</i>		How related to deceased	<i>none</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER 1	Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
	Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	<i>Yes</i>		<i>Geo. B. Bicknell,</i>	
		Address		<i>Pisgah, Ind.</i>
Accident or Suicide?				



Name
In
Full

CERTIFICATE OF DEATH

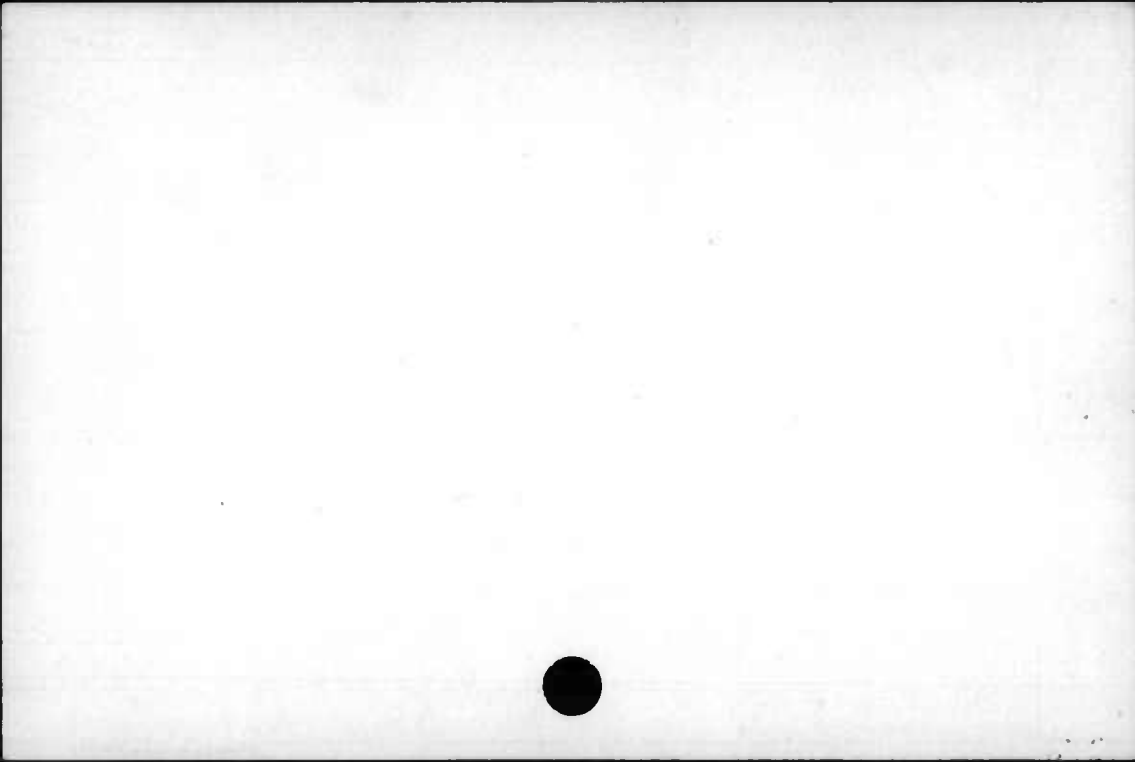
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glymont</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>17</i>	Age <i>42</i>	Years <i>42</i>
Sex <i>Female</i>	Color or Race <i>collord</i>		Birth-place <i>Chas. co. Md</i>		
Occupation <i>house wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wesley & Turner</i>				
Father's Name <i>Henry Ross</i>	Father's Birthplace <i>Chas. co. Md</i>				
Mother's Maiden Name <i>Jane Wallace</i>	Mother's Birthplace <i>Chas. co. Md</i>				
Name of person giving information <i>Wesley & Turner</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>7 years.</i>
Immediate <i>Ac. Endocarditis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell,</i>
	Address <i>Pisgah,</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

Bessie Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Iron Side</i>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month	Feb	Day	24	Age	23
Sex		Female		Color or Race		Black	
Occupation		House work		Birth-place		Md	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband <i>John Ward</i>					
Father's Name		<i>Robert Waring</i>		Father's Birthplace		<i>W Va</i>	
Mother's Maiden Name		<i>Mary Waring</i>		Mother's Birthplace		<i>W Va</i>	
Name of person giving information		<i>Stephen Lawton</i>		How related to deceased		<i>Friend</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>None attendanc</i>	
		Address	
		<i>James M. Wheeler</i>	
		<i>Sub. Registrar</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Doncaster</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>1</i>	Age	Months <i>5</i>	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Babben</i>		Father's Birthplace			
Mother's Maiden Name <i>Lance Morice</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mary Elford</i>		How related to deceased <i>Grand mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James M. Wheeler</i>	
	Address <i>Sub Registrar</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR
CORONER

Accident

